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**Date:** February 8, 2006

**To:** Kenyon L. Schuett

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**From:** ATCC Patent Depository **Number of pages:** 1 (Including this page)

**REFERENCE:** Patent Deposit

**Description:** Soybean *Glycine max* (L.): 0491735 assigned ATCC No. PTA-7285  
(Ref.: Docket or Case No.: 1421-122),  
Soybean *Glycine max* (L.): 0491714 assigned ATCC No. PTA-7286  
(Ref.: Docket or Case No.: 1421-089) and  
Soybean *Glycine max* (L.): 0491715 assigned ATCC No. PTA-7287.  
(Ref.: Docket or Case No.: 1421-101)

**Date of Deposit:** December 22, 2005. The ATCC Certificate of Deposit will be forwarded to you within 30 days. The following fees will be invoiced:

Total fees for PTA-7285 to PTA-7287 (storage/informing/viability testing)	\$7,500.00
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PTO/SB/21 (09-04)

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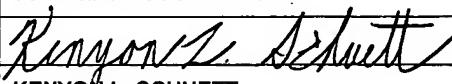
(to be used for all correspondence after initial filing)

		Application Number	10/625,055
		Filing Date	July 22, 2003
		First Named Inventor	WILLIAM H. EBY
		Art Unit	1638
		Examiner Name	C. Collins
Total Number of Pages in This Submission	13	Attorney Docket Number	1421-122

### ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form  <input type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Documents  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): 1) Certificate of Express Mail Label No. EV691717537US 2) ATCC deposit receipt
Remarks		

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Firm Name	JONDLE & ASSOCIATES P.C.		
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